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Bib Data Sheet

CONFIRMATION NO. 2094

<b>SERIAL NUMBER</b> 09/746,429	<b>FILING DATE</b> 12/22/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 144841-200100
<b>APPLICANTS</b> Aaron G. Filler, Santa Monica, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/171,446 12/22/1999 ✓				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>M. Chan</i> <i>me</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 90
			<b>INDEPENDENT CLAIMS</b> 7	
<b>ADDRESS</b> 23562				
<b>TITLE</b> System, method and article of manufacture for managing a medical services network				
<b>FILING FEE RECEIVED</b> 1210	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	